

A separate form must be
used for each claimant.

WASHINGTON COUNTY TRAVEL CLAIM

Employee _____ Department _____ Date _____
Destination _____ Business Purpose _____

EXPENDITURES (Expenses of this trip to be paid directly to others :)

* Registration Fees \$ _____ Paid To: _____
* Lodging \$ _____ Paid To: _____
* Air fare \$ _____ Paid To: _____

* These items need full documentation, (i.e., a completed registration form, ticket, invoice, agenda, etc.)

PERSONAL AUTO MILES TRAVELED

Motor Pool Vehicle was Available: Yes ☐ No ☐ Date asked: _____ Supervisor Initials: _____

DEPARTED FROM	DESTINATION	MILES

Personal Auto Total Miles Traveled:

Motor Pool **NOT AVAILABLE** (\$0.555 per mile reimbursement): \$ _____

Motor Pool **AVAILABLE** (\$0.2775 per mile reimbursement): \$ _____

OR Fuel Receipts: : \$ _____

TOTAL MILEAGE OR FUEL RECEIPT REIMBURSEMENT AMOUNT \$ _____

MEALS AND LODGING

DATE	TIME DEPARTED	TIME RETURNED	RATE	QTY	AMOUNT
			BREAKFASTS \$ 8.00		\$ _____
			LUNCHES \$ 10.00		\$ _____
			DINNERS \$ 16.00		\$ _____
			LODGING \$ _____		\$ _____

TOTAL MEALS & LODGING REIMBURSEMENT \$ _____

TOTAL TRAVEL CLAIM REIMBURSEMENT \$ _____

REGULAR PER DIEM ALLOWANCE

Meal	Leave Before:	Return After:	Regular Allowance:
Breakfast	7:00 am	9:00 am	\$ 8.00
Lunch	11:00 am	2:00 pm	\$10.00
Dinner	5:30 pm	8:00 pm	\$16.00

Lodging
Lodging without receipts: \$40.00
Lodging with receipts to: \$99.00**

**See travel guidelines for reimbursement over \$99/night.

IRS Code 9864- Sec 163

I certify that the amounts claimed are accurate and per County policy.

Account #

Name: _____ Signature _____

Address: _____

Department Head or Commission Designee Approval _____